

SUMMARY PROPOSAL

Title V / Maternal and Child Health (MCH)

**North Dakota Maternal and Child Health Priority Area** *(check only one box):*

- ☐ Increase the rate of breastfeeding at 6 months
- ☐ Reduce disparities in infant mortality specifically related to safe sleep
- ☐ Reduce fatal motor vehicle crash deaths to adolescents
- ☐ Reduce overweight and obesity in children

Brief description of Program/Project:**Lead Organization:** _____**Collaborating Organization(s):** _____**OMB Vendor Number** (if available): __________
Legal Name of Lead Organization to whom payments will be made_____
Mailing Address (corporate office or residence)_____
Employer Identification Number (Taxpayer Identification # or Social Security #)_____
Organization Type (Not for Profit, For Profit, Individual, Governmental, College/University, etc.)**Contact for Proposal:**_____
Name_____
Title_____
Telephone Number_____
E-mail Address_____
Mailing Address_____
City, State, Zip Code